

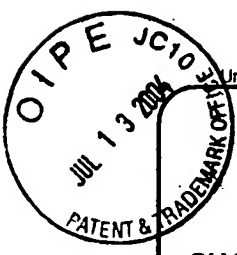
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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/634412
Filing Date	08/07/03
First Named Inventor	Wanda Strawn
Art Unit	
Examiner Name	
Attorney Docket Number	02-73211

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Wanda Strawn - SWACK Enterprises, Inc				
Address	25545 Fallenwood				
Address					
City	Lake Forest	State	CA	Zip	92630
Country	USA				
Telephone	949-470-9190	Fax	949-770-5960		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

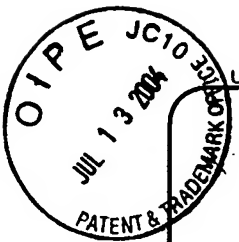
Name	Wanda Strawn		
Signature	Wanda Strawn		
Date	3/8/04	Telephone	949-470-9190

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	
Filing Date	08/07/03
First Named Inventor	Wanda Strawn
Art Unit	
Examiner Name	
Attorney Docket Number	02-73210

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:**OR**

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Name	Wanda Strawn		
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